

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF TENNESSEE
WESTERN DIVISION

RICHARD LASSITER

(Enter above the full name of the plaintiff
or plaintiffs in this action.)

vs.

RECEIVED BY

West Tennessee Regional
Forensic Center Office of
The Medical Examiner
(Enter above the full name of the defendant
or defendants in this action.)

APR 18 2018

Thomas M. Gould, Clerk
U.S. District Court
W.D. OF TN, Jackson

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS UNDER 42 U.S.C., §1983

- I. Previous Lawsuits
- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (x)
- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)
1. Parties to this previous lawsuit
- Plaintiffs: _____
- Defendants: _____
2. Court (if federal court, name the district; if state court, name the county):
CRIMINAL COURT OF Shelby County
3. Docket Number: _____
4. Name of judge to whom case was assigned: Divison #1
5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)
Pending
6. Approximate date of filing lawsuit: 3/29/2018
7. Approximate date of disposition: May 12th 2016

II. Place of Present Confinement: Shelby County

A. Is there a prisoner grievance procedure in the institution?

Yes () No ()

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes ☒ No ☒

C. If your answer is Yes:

1. What steps did you take? Talked to my LEAGel Adviser2. What was the result? I was Told to File This PAPER WORK.

D. If your answer is No, explain why not: _____

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff RICHARD LASSITERAddress 201 Poplar Av. Memphis, TN, 38103

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his and his place of employment in the third blank. Use Item C for the names, positions, and places of employment of an additional defendants.)

B. Defendant MARCO ROSS, MD PATHOLOGIST is employed as MD PATHOLOGISTat West TN Regional Forensic Center Office of the Medical ExaminerC. Additional Defendants: ASHLY COX AND KAREN E. CHANCELLOR
MD

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.

MARCO Signed off on A Autopsy Examination Report
Case Number 2016-0569 on APR. 15TH OF 2016 And
The Examination was incomplete. IF THIS Autopsy was
Complete I would have been set free 2 years ago.
I gave freely my DNA And The Body was never swabed
For DNA given THE Injuries and THE CAUSE OF DEATH.

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

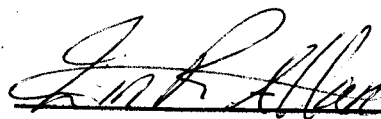
I WANT JUSTICE

VI. Jury Demand

I would like to have my case tried by a jury. Yes (☒) No (☐)

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of our information, knowledge, and belief.

Signed this 29TH day of MARCH, 2018



(Signature of Plaintiff/Plaintiffs)